



Certificate of Mailing/Transmission (37 C.F.R. § 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

<p>MAILING</p> <p><input checked="" type="checkbox"/> deposited with the United States Postal Service as First Class Mail on the date indicated below in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</p> <p>Date: <u>July 18, 2001</u></p>	<p>FACSIMILE</p> <p><input type="checkbox"/> transmitted by facsimile to the Patent and Trademark Office.</p> <p>Name of Person Certifying: <u>Carol M. Grappi</u></p>
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Cabot et al.,

Assignee: John Wayne Cabot
Institute

Serial No.: 09/439,293

Examiner: J. Zara

Filing Date: November 12, 1999

Group Art Unit: 1635

Title: Methods of Reversing Drug Resistance in Cancer Cells

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TECH CENTER 1600/2900

Assistant Commissioner for Patents
Washington, D.C. 20231

RESPONSE & FEE TRANSMITTAL

Sir:

In response to the Office Action mailed on January 18, 2001, enclosed herewith for filing are the following:

☒ An Amendment Under 37 CFR § 1.111 [7] page(s)

Also included are:

☒ A Petition for Extension of Time [3] months [2] page(s)

☐ Other:

☒ Return Postcard

Fee Calculation						CALCULATIONS
<input checked="" type="checkbox"/> The following fees are submitted:						
EXTRA CLAIMS FEE				OTHER THAN SMALL ENTITY	SMALL ENTITY	\$
CLAIMS	CURRENT #	# OF CLAIMS PREVIOUSLY PAID	# EXTRA	RATE	RATE	
Total Claims	18-	20	0	× \$18.00	× \$9.00	\$0.0
Independent claims	5-	3	2	× \$80.00	× \$40.00	\$80.00
MULTIPLE DEPENDENT CLAIM(S)						
<input type="checkbox"/> Yes <input type="checkbox"/> No				\$270.00	\$135.00	\$0.0
Petition for Extension of Time Fee (3 months)						\$445.00
OTHER FEES _____ (specify)						\$
TOTAL FEES =						\$525.00

- ☒ Conditional Petition for Extension of Time: An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this communication have been considered.
- ☐ A check in the amount of \$ _____ to cover the above fees is enclosed.
- ☒ Please charge Deposit Account No. 50-1189, Docket No. 21144-706, in the amount of \$525.00 to cover the above-fees. *A duplicate copy of this sheet is enclosed.*
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-1189, Docket No. 21144-706. *A duplicate copy of this sheet is enclosed.*

Respectfully submitted,

By: Carol M. GruppiCarol M. Gruppi
Registration No.: 37,341Dated: July 18, 2001Mailing Address:

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